

VERIFICATION OF SUPERVISION OF THE PHYSICAL THERAPIST'S ASSISTANT

Per NRS 640.260, "A license as a physical therapist's assistant is valid as long as a supervising physical therapist supervises the physical therapist's assistant." Pursuant to this provision, it is necessary that each Physical Therapist's Assistant submit a completed copy of this form to the Nevada State Board of Physical Therapy Examiners upon initial employment as a Physical Therapist's Assistant in the State of Nevada, upon application for renewal of a license and each time the "supervising physical therapist" changes.

TO BE COMPLETED BY THE SUPERVISING PHYSICAL THERAPIST

I, _____, a licensed physical therapist in the State of Nevada, license number _____, do hereby certify that I supervise

_____.
(Print Name of Physical Therapist's Assistant)

I further acknowledge that I am required to ***immediately*** notify the Board in the event I no longer supervise the referenced individual.

Signature

Date

TO BE COMPLETED BY THE PHYSICAL THERAPIST'S ASSISTANT

I, _____, Nevada license # _____ acknowledge that I must be supervised by a "supervising physical therapist" to maintain a valid physical therapist's assistant license in the State of Nevada. I agree to ***immediately*** notify the Board in the event there is a change in my supervision. I understand that I may not work without a licensed Physical Therapist on the premises until I have at least 2000 hours of experience as a licensed P.T.A. A form indicating completion of the 2000 hours is available from the Board office.

Signature

Date

WORK INFORMATION:

(Must be Nevada address)

COMPANY NAME _____

ADDRESS _____

(Cannot be Post Office Box)

CITY, STATE ZIP _____

PHONE _____

Please mail the completed form to:

Nevada State Board of Physical Therapy Examiners
3150 W. Sahara Avenue, Suite B13
Las Vegas, NV 89102